

School Board of Brevard County, Florida
Exceptional Student Education and Student Services
Assistive Technology Referral Information
Classroom Teacher

Student Name: _____ Student Number: _____
Date: _____ School: _____ Placement: _____
Teacher name: _____

Describe how the student is currently communicating. Circle all that apply

Manual communication boards	Photographs	Gestures
Object communications	Voice output devices	Sign language
Communication symbols	Pulls you towards object	Pushes away object
Writes down request	Eye gazes	Facial expressions
Vocalizes, but you can't understand	Points	

Other _____

Describe how the student is currently participating in classroom activities:

What instructional/classroom modifications have been tried with the student?

Additional information and/or comments:

Please return to Kathy Holloway, LATS Team, ESF (633-1000, ext547)